Policy and Prevention for Suicide in ICF/ID

 Suicide was the 8th leading cause of death in Idaho in 2009.

 The crude death number was 19.9 per 100,000 residents.

Source: Idaho Vital Statistics Annual Report for 2009.

- All facilities should have a policy on suicidal ideation regardless of whether the facility has individuals with a history of suicidal ideation or not. Refer to W149.

■ The policy needs to include directions to staff on responding to a threat or attempt of suicide and a definition of suicidal ideation (e.g. attempts, threats gestures etc.). Refer to W191 & W193.

 The policy must include training requirements for direct care staff and;

 Requirements for specialized training intended to qualify key staff to assess suicide risk and whether an individual requires placement on suicide watch.

Training to assess suicidal ideation should be given by an individual who has professional training in mental health and suicide assessment. Refer to W165 – W169.

The policy must include a list of facility approved interventions. Refer to W274 – W277.

The following is a list of some examples that might be included:

- One-to-one staffing as it pertains to a suicide watch — This must also include a description of the levels of 1:1 (e.g. arm's length, line of sight not to exceed 5 feet, etc...).
- The frequency at which an individual will be assessed and reassessed after being placed on suicide watch.

 Room Searches – If room searches are included in the policy, the following should also be included:

- 1. The conditions under which a room may be searched.
- What items must be removed.
- Documentation requirements related to the date, the time, the items removed and their location.
- 4. The conditions under which a room search is no longer required.

Pat searches – It may be necessary to do a pat search on some individuals if they attempt to conceal items that could be used to harm themselves.

Policy considerations may include how a pat search will be accomplished, who is authorized to do one, and how the authorization is provided.

If an individual's personal possessions are removed:

- 1. Include a list of those items in their suicide prevention plan.
- 2. Where the items will be stored.

3. The conditions under which the items will be returned. Refer to W137.

All of the above interventions require Human Rights Committee and parent/guardian approval unless the individual had no previous history of suicidal ideation (i.e. threats or attempts). Refer to W124, W125, W262, W263 & W264.

Each individual with a history of suicidal ideation must have a plan in place and accessible to staff.

The plan must be individualized, based on assessment, and staff must be trained on the plan. Refer to W193, W212, W214, W227, W248 & W260.

- If an individual suffers the loss of a family member, friend, pet or any other significant loss, assess whether grief counseling would be of benefit.
- This assessment must be documented. Refer to W111, W254 & W259.

For individuals approaching the anniversary of a loss, watch for signs of depression.

Some signs of depression may include:

- Withdrawal
- Changes in sleep patterns
- Agitation
- Change in personality
- Changes in eating habits
- Loss of interest in activities that were previously reinforcing or any other behavioral characteristics peculiar to the individual.

 Some individuals may express statements regarding death.

There are two types of statements made regarding suicide: direct statements and indirect statements.

Examples of direct statements could be:

- "I want to die."
- "I am going to kill myself."
- "I don't want to live anymore."
- "It will all be over soon."

The above statements don't leave much to the imagination and are easy to identify.

Indirect statements may be a little harder to identify and come up in casual conversation.

The following are examples of what an indirect statement might sound like:

- "I can't keep this up."
- "I wish I could go to sleep and never wake up."
- "Why am I here."
- "What's the point of going on."
- "Why bother with life."

Even though indirect statements may not be as explicit as direct statements, they should be taken just as seriously as direct statements.

Any of these signs can have a gradual or sudden onset. Being alert to the direct or more subtle indicators can make a big difference in a life.

-All threats must be taken seriously, even if the facility does not think the person has real intent.

REMEMBER!

Any sign of depression should be reported for assessment and possible referral for counseling.